



College of Osteopathic Medicine
MICHIGAN STATE UNIVERSITY

Program and Student Outcomes Assessment Plan

Office of Academic Programs

Last Updated: September 2021



MSUCOM Program and Student Outcomes Assessment Plan

Office of Academic Programs

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Overview

Michigan State University College of Osteopathic Medicine (“MSUCOM,” “the College”) strives to assess both programmatic and individual student outcomes to ensure that MSUCOM meets its mission of producing skilled medical practitioners within the osteopathic profession. Thus, in this document MSUCOM provides the program and student outcomes assessment plan as informed by the 2019 [Commission on Osteopathic College Accreditation \(COCA\) COM Continuing Accreditation Standards](#).

The assessment plan is arranged into major sections representing program outcomes, student outcomes, and continuous quality improvement to demonstrate triangulated efforts to assess and enhance outcomes and meet the mission. The mission involves five main activities – education, outreach, research, clinical service, and leadership – each of which generates positive benefits for Michigan State University, the community, and society at large. Specifically, the mission reads:

Providing world-class, osteopathic, student-centered graduate and medical education and research in order to foster community access to patient-centered medical care.

To operationalize the mission, MSUCOM faculty have identified the knowledge, skills, attitudes and behaviors that osteopathic medical students are expected to attain prior to graduation. These are represented as educational program objectives available on [the MSUCOM website](#). These educational program objectives are also mapped to the osteopathic core competencies for medical education as identified by the [American Osteopathic Association](#) and described in [Osteopathic Core Competencies for Medical Students](#) (AACOM, 2012). A variety of additional resources relevant to medical education have informed program objectives and the mapping taxonomy and are visible in that linked document.



Section 1: Program Outcomes Assessment

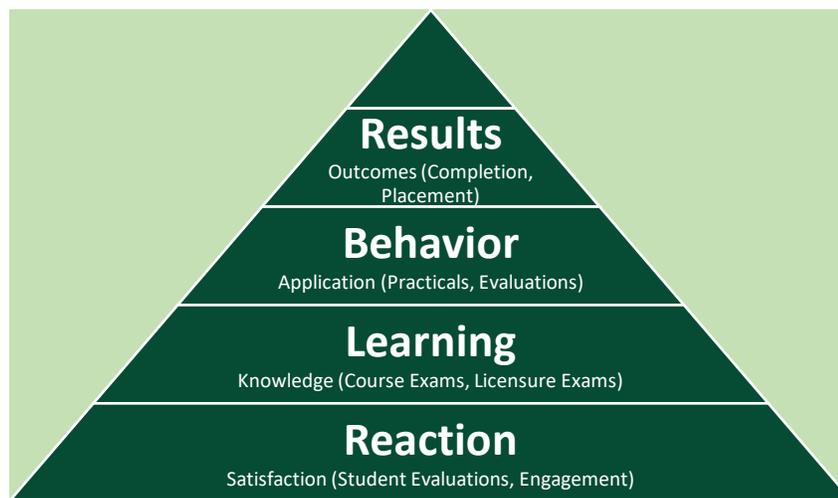
MSUCOM proposes that a programmatic assessment plan should aid in addressing questions such as:

- How, in terms of instructional design, does the program set out to instill the knowledge, skills, attitudes, and behaviors represented in its educational program objectives?
- How effective is the instructional design in achieving those aims programmatically?
- How might program outcomes be informed and enhanced by assessment data?

To fully address these questions, MSUCOM has designed its program outcomes assessment plan to function in a manner complementary to its curriculum maps, which document more specifically how the program-level educational objectives and osteopathic core and longitudinal competencies are embedded and assessed programmatically. While the focus within this segment of the assessment plan is on the overarching process of assessment and quality improvement relative to program outcomes, MSUCOM highly recommends the consideration of this document within the context of curriculum maps. Curriculum maps provide specific details on curriculum design and assessment including instructional and assessment methods leveraged across the program and within individual courses to provide instruction and assess related competency.

Theoretical Framework for Program-Level Assessment

To provide a framework to help the College consider the various types of data MSUCOM might collect and analyze in the contextual and holistic assessment of program outcomes, the assessment plan references the often-cited Kirkpatrick Model for training evaluation (Kirkpatrick & Kirkpatrick, 2016). The Kirkpatrick Model outlines four levels of outcomes relative to the assessment of training efficacy as illustrated below:



Referencing the guiding questions for programmatic assessment bullet-pointed near the beginning of this section, MSUCOM collects assessment data to demonstrate an acceptable level of achievement in outcomes for all four of Kirkpatrick’s levels. Specific examples of data the College collects in relation to each level, the timeline for consideration of these data points, and related processes for follow-up are detailed below:

Level 1: Reaction – Enhance satisfaction with the learning environment and experience.		
<i>Sample Assessments</i>	<i>Timeframes</i>	<i>Formalized Follow-Up</i>
Student evaluations of courses, clerkships, and faculty or preceptors. <i>[see current standard operating procedure for student evaluation of instruction]</i>	End of each course, clerkship, or preceptorship.	Course/clerkship coordinators and Director of Instructional Design & Assessment consider data along with related adjustments to design or implementation. This is formalized in course or clerkship review forms & course improvement plan forms which are discussed in peer review meetings, presented to the College Curriculum Committee, and monitored for progress. Faculty or preceptor feedback is also shared with faculty and chairs as relevant.
Engagement rates such as rates of application, matriculation, persistence, & retention.	Annually.	Office of Admissions reports metrics to key members of administration along with College Curriculum Committee, suggesting related strategies or initiating dialogue as necessary.

Level 2: Learning – Increase successful transfer of knowledge and skills.		
<i>Sample Assessments</i>	<i>Timeframes</i>	<i>Formalized Follow-Up</i>
Course examinations (written) & course or clerkship final grades.	Ongoing across program & at end of course or clerkship.	Course/clerkship coordinators, semester directors, and Office of Academic Programs consider data along with related adjustments to assessment/course/clerkship design or implementation. Depending on need, this may be a simple adjustment to an exam item or scoring, adjustments to an exam blueprint, or more formalized adjustments noted on course/clerkship review or course improvement forms about need and future actions.
Standardized examination scores such as the NBOME COMSAE, COMLEX series, & COMAT exams or select NBME shelf examinations.	Year 2 – COMSAE; COMLEX 1; COMAT FBS; Year 3 - COMLEX 2 CE; Ongoing – COMAT/shelf.	Office of Enrollment Services or Office of Academic Programs reports metrics to key members of administration along with College Curriculum Committee once scores are available, suggesting related strategies or initiating dialogue as necessary. COMAT scores are trended by base hospital as well.

Level 3: Impact/Behavior – Ensure application of knowledge/skills in performance context.		
<i>Sample Assessments</i>	<i>Timeframes</i>	<i>Formalized Follow-Up</i>

Results from clinical and skills assessments and course examinations (practical) such as standardized patient activities, objective structured clinical examinations (OSCEs), or simulations.	Ongoing across program; summative in Years 3 & 4.	For courses/clerkships that use skills assessments part of final grade, coordinators consider data along with related adjustments to assessment/course/clerkship design or implementation. Depending on need, this may be a simple adjustment to a rubric or instructional session, or more formalized adjustments noted on course/clerkship review or course improvement forms about need and future actions. For the Clinical Performance Competency Assessment milestone coordinated by the Office of Clerkship Education, clerkship staff may use data to plan related development sessions, to inform review or improvement forms related to longitudinal Core Clinical Curriculum (C3) course or to relate information back to course/clerkship coordinators to inform skills assessments embedded in other experiences.
Supervising physician evaluations for clerkships.	Ongoing throughout clerkship.	Programmatically, the Office of Clerkship Education analyzes performance by base hospital assignment and by clerkship rotation to determine equivalency in outcomes across sites and rotations. A Base Hospital Report is annually provided to College Curriculum Committee in December.

Level 4: Results – Benchmark with accreditation requirements & industry standards/trends.		
<i>Sample Assessments</i>	<i>Timeframes</i>	<i>Formalized Follow-Up</i>
Stakeholder surveys such as alumni survey, resident supervisor, or employer surveys, & American Association of Colleges of Osteopathic Medicine (AACOM) graduating student survey data.	Following graduation, match, or residency depending on survey.	Year 4 students participate in exit interviews, additionally Statewide Campus Systems (SCS) performs annual alumni survey, & there is opportunity through SCS to engage hospitals to benchmark preparedness & performance of our graduates comparatively. These reports are provided to College Curriculum Committee intermittently based on Administration’s request, suggesting related strategies, or initiating dialogue as necessary.
Completion and placement rates such as licensure, graduation, & match rates.	Annually.	Office of Academic & Career Guidance reports metrics to key members of administration along with College Curriculum Committee, suggesting related strategies or initiating dialogue as necessary.

Embedding and Assessment of Osteopathic Core and Longitudinal Competencies

As previously indicated, the way core osteopathic competencies and longitudinal competencies are embedded and assessed in our program is described within the context of our program-level objectives, the curriculum mapping taxonomy, the curriculum maps, and related narratives developed by the Office of Academic Programs. So, please reference those thorough resources as a major functional component outlining how MSUCOM performs specific curricular assessment. In keeping with the guiding questions for programmatic assessment indicated at the outset of this document, these narratives and curriculum maps provide verbal and graphic representations that indicate what the College hopes to achieve (core

and longitudinal competencies), the instructional design by which the College hopes to achieve them (content and methods related to the teaching of those competencies), and how the College gauges effectiveness of the design in meeting these aims programmatically (formative and summative assessments related to those competencies).

Continuous Program Assessment & Quality Improvement

Included in the program-level assessment plan are several policies, tools, oversight committees, and support units that both aid assessment and ensure continuous quality improvement. Here, MSUCOM discusses some of these elements as components of the program outcomes assessment plan.

Longitudinal Elements of Program Assessment in the MSUCOM D.O. Program		
<i>Sample Tools & Committees</i>	<i>Timeframes</i>	<i>Formalized Follow-Up</i>
Course/Clerkship Review Forms for College Curriculum Committee <i>[see appended materials]</i>	During orientation & end of Year 1. Ongoing.	The College Curriculum Committee will initiate the course review process on a pre-determined schedule, providing necessary tools and oversight for review, and engaging review and follow-up as necessary based on presented and reviewed data.
Course/Clerkship Improvement Plans for College Curriculum Committee <i>[see appended materials]</i>	Following each semester.	The College Curriculum Committee will initiate presentations of the course improvement plans on a pre-determined schedule, providing oversight to the implementation of the plans and engaging in review and follow-up as necessary based on presented and reviewed data.
College Curriculum Committee <i>[see the current charge of the committee]</i>	Ongoing with bi-monthly meetings.	This body serves as the entity exercising collective responsibility for the academic program in terms of the development, management, evaluation, and enhancement of the curriculum with a goal to aid the College in meeting its mission. The Committee includes both student and faculty representation.



Section 2: Student Outcomes Assessment

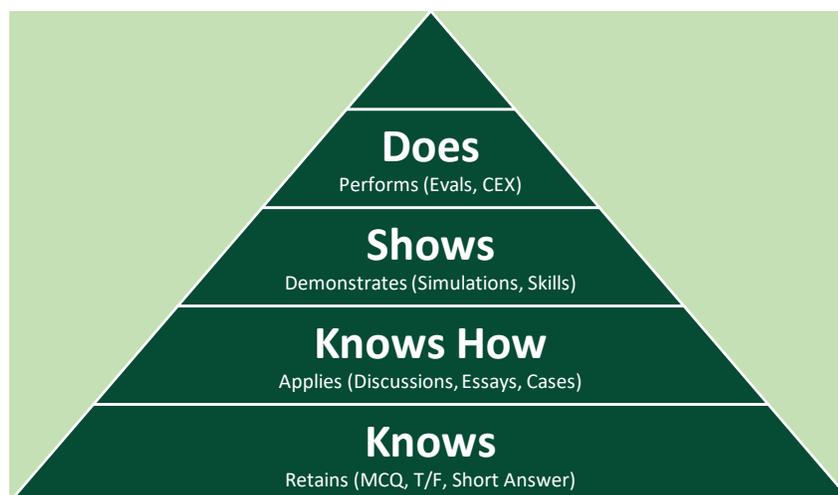
MSUCOM proposes that a student assessment plan should aid in addressing questions such as:

- How, in terms of instructional design, does the program set out to instill the knowledge, skills, attitudes, and behaviors represented in its educational program objectives?
- How effective is the instructional design in achieving those aims for individual students?
- How might student outcomes be informed and enhanced by assessment data?

To fully address these questions, MSUCOM has designed its student outcomes assessment plan to function in a manner complementary to its curriculum maps, which document more specifically how the program-level educational objectives and osteopathic core and longitudinal competencies are embedded and assessed for individual students. While the focus within this segment of the assessment plan is on the overarching process of assessment and quality improvement relative to student outcomes, MSUCOM again highly recommends the consideration of this document within the context of curriculum maps. Curriculum maps provide specific details on curriculum design and assessment including instructional and assessment methods leveraged across the program and within individual courses to provide instruction and assess related competency.

Theoretical Framework for Student-Level Assessment

To provide a framework to help the College consider the various types of data MSUCOM might collect and analyze in the contextual and holistic assessment of student outcomes, the College has referenced Miller's often-cited Pyramid of Clinical Competence (1990). Miller's pyramid outlines four levels of competency building from novice to professional relative to the assessment of student outcomes as illustrated below:



Referencing the guiding questions for student assessment bullet-pointed near the beginning of this section, MSUCOM collects assessment data to demonstrate an acceptable level of achievement in outcomes for all four of Miller’s levels. Specific examples of data MSUCOM collects in relation to each level, the timeline for consideration of these data points, and related processes for follow-up are detailed below:

Levels 1 & 2: Knows/Knows How – Retention and application of medical knowledge.		
<i>Sample Assessments</i>	<i>Timeframes</i>	<i>Formalized Follow-Up</i>
Course Examinations (Written)	Ongoing	Students with insufficient exam performance are referred for a mandatory academic success checkup with an advisor.
Course and Clerkship Final Grades	Ongoing	Students with non-passing course grades receive various follow-up depending on academic performance history: <ul style="list-style-type: none"> • Those eligible for remediation will be placed in “good academic standing with monitoring” by the Committee on Student Evaluation (COSE) and referred for a mandatory academic success checkup with an advisor. • Those not eligible for remediation or with multiple non-passing course grades will be reviewed by COSE to be placed on “academic warning” or “academic probation” with related requirements to enhance outcomes, or to be recommended for dismissal by the Dean.
COMSAE Phase 1 Examination <i>2 allowable attempts.</i>	Year 2	COMSAE is required as a preparatory tool for the COMLEX-USA Level 1. Students who do not attain a score of ≥ 450 on one of two attempts will be required to undergo an academic performance review with an academic advisor to discuss overall academic performance, preparedness for COMLEX-USA Level 1, and related strategies to enhance success.
COMLEX-USA Level 1 Examination <i>3 allowable attempts.</i>	Year 2	Students who do not attain a passing score on the first attempt will be placed on an academic extension and required to undergo an academic performance review with an academic advisor to discuss overall academic performance, readiness for COMLEX-USA Level 1, and related strategies to enhance success. Students who do not attain passing scores on subsequent attempts receive various follow-up depending on academic performance history: <ul style="list-style-type: none"> • Those who do not obtain a passing score by February 1 will forfeit their base hospital assignment for the clerkship and will not be permitted to enter rotations until the next cycle after achieving a passing score, among other requirements. • Those who do not obtain a passing score within twelve months of their first attempt will be evaluated by COSE for

		additional action, up to and including a recommended for dismissal by the Dean.
COMLEX-USA Level 2 Cognitive Evaluation (CE) <i>3 allowable attempts.</i>	Year 3	Students who do not attain a passing score on the first attempt will be offered an academic performance review with an academic advisor to discuss overall academic performance, readiness for COMLEX-USA Level 2, and related strategies to enhance success. Students who do not attain a passing score on subsequent attempts within 12 months of their initial attempt will be evaluated by COSE for additional action, up to and including a recommended for dismissal by the Dean.
COMAT Subject Examinations & Select NBME Shelf Examinations	Years 3 & 4	Students with insufficient exam performance are referred for a mandatory academic/clinical success checkup with the Office of Clerkship Education.

Levels 3 & 4: Shows/Does – Integrates knowledge, performing in evidence-based manner.		
<i>Sample Assessments</i>	<i>Timeframes</i>	<i>Formalized Follow-Up</i>
Course Examinations (Practical)	Years 1 & 2	Students with marginal clinical performance are referred for a mandatory academic success checkup with an advisor. That advisor will help coordinate student support/development with clinical staff/faculty as necessary.
Supervising Physician Evaluations <i>[see appended materials]</i>	Years 3 & 4	Programmatically, the Office of Clerkship Education analyzes performance by base hospital assignment and by clerkship rotation to determine equivalency in outcomes across sites and rotations. A Base Hospital Report is annually provided to College Curriculum Committee in December.
MSUCOM Clinical Performance Competency Assessment <i>[in development]</i>	Years 3 & 4	This assessment was previously required by the Office of Clerkship Education as preparation for the indefinitely suspended COMLEX Level 2-USA Performance Evaluation (PE) Exam. It is in development to serve a summative purpose in the future in programmatic and student assessment in which the Office of Clerkship Education will use results to plan group remediation as necessary and provide feedback and specific follow-up with students not in an acceptable performance threshold.

Embedding and Assessment of Osteopathic Core and Longitudinal Competencies

As previously indicated, the way core osteopathic competencies and longitudinal competencies are embedded and assessed in our program is described within the context of our program-level objectives, the curriculum mapping taxonomy, the curriculum maps, and related narratives developed by the Office of Academic Programs. So, please reference those thorough resources as a major functional component outlining how MSUCOM performs specific curricular assessment. In keeping with the guiding questions for student assessment indicated at the outset of this document, these narratives and curriculum maps provide verbal and graphic representations that indicate what the College hopes for students to achieve

(core and longitudinal competencies), the instructional design by which the College hopes for students to achieve them (content and methods related to the teaching of those competencies), and how the College gauges effectiveness of the design in meeting these aims individually (formative and summative assessments related to those competencies). Though this same series of objectives, maps, and narratives was referenced regarding programmatic assessment and tracking group progression, these are also guiding documents that inform individual student progression in terms of scores and performance. To MSUCOM, programmatic and individual student assessment are just two sides of the same coin.

Continuous Student Feedback, Assessment, & Progression

Included in the student-level assessment plan are several policies, tools, oversight committees, and support units that both aid assessment and ensure ongoing support and communication with students about their academic progress. Due to the longitudinal nature of these components, they transcend levels of Miller’s Pyramid of Clinical Competence. Here, the College discusses some of these longitudinal components of the student outcomes assessment plan.

Longitudinal Elements of Student Assessment in the MSUCOM D.O. Program		
<i>Sample Assessments</i>	<i>Timeframes</i>	<i>Formalized Follow-Up</i>
Diagnostic learning and readiness assessment (e.g., LASSI)	During orientation & end of Year 1. Ongoing.	The Office of Academic & Career Guidance will initiate follow-up with students reporting certain risk factors or concerns at the outset of the program & offer ongoing coaching or referrals as appropriate.
Committee on Student Evaluation (COSE) & the Policy for Retention, Promotion, and Graduation (RPG) [see current RPG policy]	Following each semester.	The COSE reviews individual student academic progression & achievement according to the RPG policy using a color-coded system (green – yellow – red). They inform individual students of their status & suggest or require follow-up for students in at-risk or unsatisfactory status. For instance, those in “red” zone must meet with COSE while those in “yellow” zone may be connected to support resources depending on circumstances.
Medical Student Performance Evaluation (MSPE)	In Year 3 preparation for match process.	This evaluation combines academic history, progress, & performance relative to peers along with noteworthy characteristics such as research involvement, service learning, or personal achievements. This provides another opportunity to reflect holistically on an individual’s student progress and suggest guidance as necessary.
Match Results	Annually.	The Office of Academic & Career Guidance initiates follow-up with students who did not match to discuss strategies or alternatives.



Section 3: Continuous Quality Improvement of the Academic Program

MSUCOM proposes that a continuous quality improvement (CQI) plan should aid in addressing both formative process evaluation and summative outcomes evaluation using questions such as:

- *Process*: Is the program being implemented according to plan? How can implementation be enhanced in terms of outcomes on key performance indicators (KPIs) or alignment with programmatic objectives?
- *Outcomes*: Did the program achieve its objectives at the target level desired? Did it benefit students as practitioners in the ways expected?

Below, the College expands upon description of the process by describing a theoretical framework that informs CQI at MSUCOM. The College collects specific examples of CQI projects informed by this frame on an intermittent basis.

Theoretical Framework for Continuous Quality Improvement

In the discussion of program-level assessment, the College described the relevance of the Kirkpatrick Model (Kirkpatrick & Kirkpatrick, 2016) as a theoretical backdrop for the consideration of data. In the discussion of student-level assessment, the College described the relevance of Miller's Pyramid of Clinical Competence (1990) as theoretical backdrop for the consideration of data. Though these models are useful in assessment, they are not intended to provide guidance for how one might approach resulting action informed by that assessment data. Thus, MSUCOM situates the Plan-Do-Study-Act (PDSA) cycle, developed by W. Edwards Deming (1993), as a backdrop for CQI projects related to program and student outcomes. This framework was selected, in part, because it is broadly referenced and recognized in a variety of industries, including healthcare.

The PDSA cycle incorporates three guiding questions in addition to the four stages identified below:

- What are we trying to accomplish?
- What changes might we make to result in improvement?
- How will we know the change we implement is an improvement?



Tools and Processes to Support Continuous Quality Improvement

Depending on the level of formality for a CQI project, the PDSA cycle may be loosely implemented by referencing guiding questions or steps, or more formally implemented through use of related planning and documentation tools. The MSUCOM Pre-clerkship Course Review & Improvement Process is a specific, itemized process used to encourage CQI within pre-clerkship courses. As part of this process, a Course Improvement Plan document is one example of a formalized tool inspired by the PDSA cycle. Below is a description of how this process is framed by the PDSA cycle.

Step 1: Plan – Complete a Review and Author an Improvement Plan		
<i>Sample Tools</i>	<i>Timeframe</i>	<i>Formalized Follow-Up</i>
Course Review Report and Course Improvement Plan with are informed by an Instructional Design Audit and a consultation from the Inclusive Excellence/Intentional Planning team [see <i>appended materials</i>]	On an alternating 2-year cycle.	Each course, depending on the review schedule, is subject to either a full review or a course improvement plan related to the previous year’s full review. Through this alternating schedule, MSUCOM gives equal weight to the administrative review of a course or clerkship and its outcomes and to enacting plans oriented toward the continuous quality improvement of that course or clerkship in benefitting the outcomes of our students. The course director will submit the Course/Clerkship Review Report and Course Improvement Plan to the College Curriculum Committee (CCC) for approval.

Step 2: Do – Implement Planned Improvements		
<i>Sample Tools</i>	<i>Timeframe</i>	<i>Formalized Follow-Up</i>

No specific tools are required. These vary depending on the Course Improvement Plan submitted by the course director.	In the next calendar year after CCC approval.	Course directors will work to enact the course improvement plan, calling in assistance on design or implementation from parties such as the course team, curriculum assistants, instructional designers, educational technologists, or consultants from our Inclusive Excellence & Intentional Planning team.
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Step 3: Study – Provide an Update on Progress		
<i>Sample Tools</i>	<i>Timeframe</i>	<i>Formalized Follow-Up</i>
The 1 Year Progress Report . [see appended materials]	1 year after CCC approval.	The course director will work with the curriculum assistant to complete and submit a progress report to the CCC related to the course improvement plan. The progress report might include relevant outcomes data, student feedback, faculty feedback, etc.

Step 4: Act – Provide a Final Report with Next Steps		
<i>Sample Tools</i>	<i>Timeframe</i>	<i>Formalized Follow-Up</i>
The Final Report . [see appended materials]	2 years after CCC approval.	The course director will work with the curriculum assistant to complete and submit a final report to the CCC related to the course improvement plan. The final report will identify and communicate any necessary changes to the plan.

As noted, the College collects intermittent examples of CQI projects informed by the PDSA cycle related to areas such as curriculum, pedagogy, student support, and other areas. Because the osteopathic core competencies are firmly anchored into MSUCOM program objectives and related longitudinal competencies are mapped throughout the program, these projects each support students in building proficiency to meet program objectives.

References

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Appendices

Course Review Process

(updated: 1/21/21 mam)

This document details the process required for the review of each course in the pre-clerkship curriculum of the MSU College of Osteopathic Medicine.

ROLE	Filled by	Responsibilities
Course Coordinator	The Course Coordinator(s) of the course being reviewed	<ol style="list-style-type: none"> 1. Within 4 weeks of the end date of your course: <ul style="list-style-type: none"> • Work with your Lead CA to complete and submit the Course Review Report. • Be available to John McDaniel and/or Jessica Wicks to answer any questions they have when completing the Course Materials & Design Audit for your course. • Consult with your assigned Inclusive Excellence Intentional Design representative regarding your course. 2. Within 8 weeks of the end date of your course: <ul style="list-style-type: none"> • Draw upon the information gathered in the Course evaluations, Course Review Report, Course Materials & Design Audit, and Inclusive Excellence Intentional Design Consultation to develop and complete Part 1 of the Course Improvement Plan. • If desired, share your Course Improvement Plan with the CLC, other peer mentors and/or course design specialists for feedback prior to its submission to the CCC. 3. Following submission of the Course Improvement Plan to the CCC and within 10 weeks of the end date of your course: <ul style="list-style-type: none"> • Be available to meet with the CCC member (in-person, zoom, phone call) assigned to your course to address and/or clarify any issues raised in your Course Review Report, address any questions they may have regarding your plans for course improvement, and to share any additional information you want the CCC to know about your course, your course evaluations, its resource needs, etc. • Attend Curriculum Committee Review of your course if desired. 4. One-yr post-CCC approval of Course Improvement Plan: <ul style="list-style-type: none"> • Work with your Lead CA to complete and submit Part 2 (1-yr Progress Report) of the Course Improvement Plan. 5. Two-yrs post-CCC approval of Course Improvement Plan: <ul style="list-style-type: none"> • Work with your Lead CA to complete and submit Part 3 (Final Report) of the Course Improvement Plan. • Review the “View a Course” document for your course and identify any needed changes; communicate any needed changes to the CCC. • Begin new two-year Course Improvement Cycle. • If desired, present the results of your Course Improvement Plan to the CLC.
Lead Course CA	Lead CA of the course being reviewed	<ol style="list-style-type: none"> 1. Within 4 weeks of the end date of the course: <ul style="list-style-type: none"> • Assist the Course Coordinator in completing the Course Review Report <ol style="list-style-type: none"> A. Compile statistics for course immediately upon submission of grades B. Send statistics to Course Coordinator(s) within one week of grade submission

		<p>C. Send student evaluations to Course Coordinator(s) as soon as evaluations are available</p> <ul style="list-style-type: none"> • Ensure the completed Course Review Report is submitted to the CCC by the indicated deadline. <p>2. Within 8 weeks of the end date of the course:</p> <ul style="list-style-type: none"> • Ensure the Course Improvement Plan completed by the Course Coordinator is submitted to the CCC by the indicated deadline. <p>3. One-yr post-CCC approval of Course Improvement Plan for the course:</p> <ul style="list-style-type: none"> • Assist the Course Coordinator in completing Part 2 (1-yr Progress Report) of the Course Improvement Plan and ensure it is submitted to the CCC by the indicated deadline. <p>4. Two-yrs post-CCC approval of Course Improvement Plan for the course:</p> <ul style="list-style-type: none"> • Assist the Course Coordinator in completing Part 3 (Final Report) of the Course Improvement Plan and ensure it is submitted to the CCC by the indicated deadline. • Assist the Course Coordinator in completing the Course Review Report of the next 2-yr Course Improvement Cycle and ensure it is submitted to the CCC by the indicated deadline.
Curriculum Committee	CCC AP Administrative Support Staff Member	<ol style="list-style-type: none"> 1. Establish deadlines for the submission of completed course review and improvement materials to the CCC for each course and share with Course CAs. 2. Work with the CCC Chair in assigning course reviews to CCC members. 3. Inform John McDaniel & Jessica Wicks, and Inclusive Excellence representative(s) of courses that will be entering the 2-yr Course Review & Improvement Cycle and the deadlines for receipt of the course review materials (Course Materials & Design Audit, Inclusive Excellence Intentional Design Consultation Report) for each. 4. Receive all completed course review and improvement materials and archive appropriately. 5. Distribute completed Course Review Report, Course Materials & Design Audit, and Inclusive Excellence Intentional Design Report to the Course Coordinator, along with the Course Improvement Plan template and submission deadlines for Parts 1,2 & 3. 6. Distribute completed Course Review Report, Course Materials & Design Audit, Inclusive Excellence Intentional Design Report, Course Improvement Plan (Part 1), and Course Review Summary Template to the assigned CCC member and communicate deadline for submission of completed Course Review Summary to the CCC. 7. Upon receipt of the Final Report (Part 3) of the Course Improvement Plan) send the current "View a Course" document to the Course Coordinator to identify any needed changes.
Curriculum Committee	A voting member of the College Curriculum Committee	<ol style="list-style-type: none"> 1. Review the submitted Course Review Report, Course Materials & Design Audit, report from the Inclusive Excellence Intentional Design Consultation, and Course Improvement Plan and complete Part A of the Course Review Summary. 2. Schedule a meeting or phone call with the Course Coordinator prior to the date of presentation to the CCC to discuss the course, any issues raised in the course evaluations or Course Review Report, and to address any issues you may have regarding the Course Improvement Plan. 3. Complete Part B of the Course Review Summary and submit it to the CCC by the indicated deadline. 4. Present the Course Review Summary and the Course Improvement Plan to the CCC on the indicated date.
Academic Programs/Medical Education	John McDaniel & Jessica Wicks	<ol style="list-style-type: none"> 1. For courses entering a new 2-yr Course Review and Improvement cycle, complete the Course Materials & Design Audit w/Recommendations and submit it to the CCC by the indicated deadline (within 4 weeks of the end date of the course).
Diversity & Inclusion Committee	TBD	<ol style="list-style-type: none"> 1. For courses entering a new 2-yr Course Review and Improvement cycle, complete the Inclusive Excellence Intentional Design Consultation & Report and submit to the CCC by the indicated deadline (within 4 weeks of the end date of the course).

Pre-clerkship Course Review Report
(Last Revised: 05/12/2021)

Course Number and Name: _____

Course Offering Semester/Year: _____

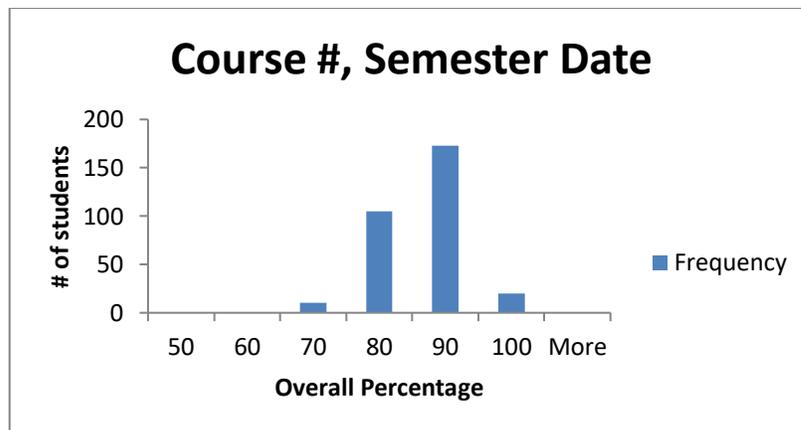
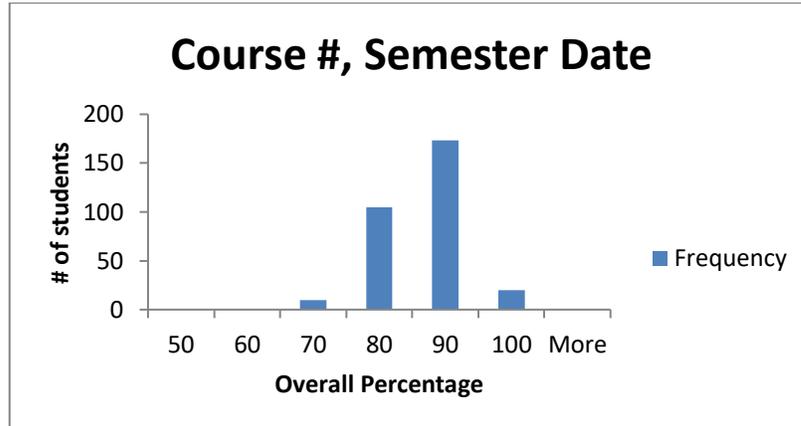
Course Coordinator/Instructor of Record: _____

Supporting Curriculum Assistants: _____

Part A: Student Performance and Course Contact Hours

Student Performance (* indicates completed by the Lead CA)

Provide a summary of student performance and indicate how this compared to the past academic year. Insert current year and last year's histograms here:*



Describe how final percentage scores for students are calculated (as described in course syllabus):*

Please indicate which of the following commercially available board-prep resources have been integrated or used in the course (check all that apply):

Resource
<input type="checkbox"/> COMBANK
<input type="checkbox"/> First Aid
<input type="checkbox"/> Pathoma
<input type="checkbox"/> Others (please list):
<input type="checkbox"/> No board prep resources were integrated in the course.

Please indicate if any new technology/computer applications (*e.g.*, Reef Polling, LON-CAPA, DXR, Anatomy & Physiology Revealed, Virtual Human Dissector, Top Hat, SonoSim, *etc.*) have been incorporated into your course since the last reporting period.

Please comment on the overall adequacy of instructional and other resources needed to facilitate attainment of the curricular objectives of this course at all three sites.

Resource	Adequacy of Resource for Fulfilling Curricular Objectives
Quantity of Instructors	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please describe:
Quality of Instructors	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please describe:
Curriculum Assistant Support	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please describe:
Exam Support	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please describe:
IT Support	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please describe:
Other Support Staff	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please describe:
Classroom Facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please describe:
Laboratory Facilities	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please describe:
Computer hardware & software	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please describe:
Educational Technology or Computer Application	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please describe:
Classroom Equipment or models	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please describe:
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please describe:

Were there any challenges related to scheduling, course planning, course implementation, or other related issues at any of the three sites?

	Any Challenges Noted?	Site(s) Impacted by this Challenge
Scheduling	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> EL <input type="checkbox"/> DMC <input type="checkbox"/> MUC
Planning	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> EL <input type="checkbox"/> DMC <input type="checkbox"/> MUC
Implementation	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> EL <input type="checkbox"/> DMC <input type="checkbox"/> MUC
Other:	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> EL <input type="checkbox"/> DMC <input type="checkbox"/> MUC

Please use this space to elaborate on any challenges noted above:

Based upon your experience this year, please identify 1-3 faculty development topics that will be of value to you and your faculty.

Course Contact Hours & Scheduled Activities (to be completed by Instructor of Record and Lead CA)

Current number of credit hours currently assigned: _____

Please categorize each of the scheduled/assigned activities (or portions thereof) in your course as **one** of the following types of sessions/activities. Descriptions of each type of session are consistent with Medbiquitous and AAMC Curriculum Inventory terminology. If you have questions or need assistance contact Jessica Wicks.

Type of Scheduled/Assigned Student Contact/Activities	General Description	Number of Hours	Contact Hour Calculation	Contact Hours
Lecture – Live/Synchronous	An instruction or verbal discourse by a speaker before a large group of learners	EL: DMC: MUC:	1:1; 1-hr = 1 contact hr	
Lecture – Prerecorded Internally or Externally / Asynchronous	An instruction or verbal discourse by a speaker/narrator assigned & viewed online		1:1; 1-hr = 1 contact hr	
Case-Based Instruction/Learning – New Content Delivery	Use of patient cases (actual or theoretical) to deliver new content through discussion, questioning, problem solving, and reasoning on issues pertaining to the basic sciences and clinical disciplines		1:1; 1-hr = 1 contact hr	
Case-Based Instruction/Learning – Application of Content	Use of patient cases (actual or theoretical) to review and apply previously delivered content through discussion, questioning, problem solving, and reasoning on issues pertaining to the basic sciences and clinical disciplines		2:1; 2-hr session = 1 contact hr	
Discussion, Large Group	An exchange (oral or written) of opinions, observations, or ideas among a Large Group (>12 participants), usually to analyze, clarify, or reach conclusions about issues, questions or problems		2:1; 2-hr session = 1 contact hr	
Discussion, Small Group	An exchange (oral or written) of opinions, observations, or ideas among a Small Group (12 or fewer participants), usually to analyze, clarify, or reach conclusions about issues, questions or problems		2:1; 2-hr session = 1 contact hr	
Self-Directed Learning	Learners taking the initiative for their own learning: diagnosing needs, formulating goals, identifying resources, implementing appropriate activities, and evaluating outcomes		1:1; 1-hr = 1 contact hr	

Demonstration	A description, performance, or explanation of a process, illustrated by examples, observable action, specimens, <i>etc.</i>		1:1; 1-hr = 1 contact hr	
Tutorial	Instruction provided to a learner or small group of learners by direct interaction with an instructor		1:1; 1-hr = 1 contact hr	
Laboratory	Hands-on or simulated exercises in which learners collect or use data to test and/or verify hypotheses or to address questions about principles and/or phenomena		2:1; 2-hr = 1 contact hr	
Patient Presentation - Patient	A presentation by a patient to faculty, residents, and other learners that tells or recounts the patient's experience		1:1; 1-hr = 1 contact hr	
Problem-based Learning	The use of carefully selected and designed patient cases that demand from the learner acquisition of critical knowledge, problem solving proficiency, self-directed learning strategies, and team participation skills as those needed in professional practice		1:1; 1-hr = 1 contact hr	
Simulation	A method used to replace or amplify real patient encounters with scenarios designed to replicate real health care situations, using lifelike mannequins, physical models, standardized patients, or computers		1:1; 2 hrs = 2 contact hrs	
Workshop	A brief intensive educational program for a relatively small group of people that focuses especially on techniques and skills related to a specific topic		1:1; 2-hr = 2 contact hrs	
Team-building	Workshops, session, and/or activities contributing to the development of teamwork skills, often as a foundation for group work in learning (PBL, TBL, <i>etc.</i>) and practice (interprofessional/-disciplinary, <i>etc.</i>)		1:1; 1-hr = 1 contact hr	
Peer Teaching	Learner-to-learner instruction for the mutual learning experience of both "teacher" and "learner"; may be peer-to-peer (same level training) or "near-peer" (higher-level learner teaching lower-level learner)		1:1; 1-hr = 1 contact hr	
Role Play / Dramatization	The adopting or performing of the role or activities of another individual		1:1; 1-hr = 1 contact hr	
Reflection	Examination by the learner of his/her personal experiences of a learning event including the cognitive, emotional, and affective aspects; the use of these past experiences in combination with objective information to inform present clinical decision-making and problem-solving.		1:1; 1-hr = 1 contact hr	
Independent Learning: Required Homework Assignments	Provide reasonable estimate of time required for completion.		1:1; 1-hr of completion time = 1 contact hr	
Independent Learning: Required Text/Reading Assignments – Reading for Comprehension or Mastery	Reading assignments that are only means of content delivery. Recommended, optional and readings that duplicate lecture content should <u>NOT</u> be included.		Reading for comprehension or mastery – 10 pages = 1 contact hr	
Preceptorship	Practical experience in medical and health-related services wherein the professionally-trained learner works under the supervision of an established professional in the particular field		2:1; 4-hr = 2 contact hrs	

Scheduled help sessions	Faculty answering student questions – no faculty preparation required.		<u>NOT</u> included in credit hour calculation	
Exam – Institutionally Developed, Written/Computer-based	Exam utilizing various written question-and-answer formats (MCQ, short answer, essay, etc.) which may assess learners’ factual knowledge retention; application of knowledge, concepts, and principles; problem-solving acumen; and clinical reasoning Includes scheduled quizzes and Unit Exams (including lab practical exams) and required online quizzes that occur outside of a scheduled course event		1:1; 1-hr = 1 contact hr	
Exam – Institutionally Developed, Clinical Performance	Practical performance-based exam developed internally to assess problem solving, clinical reasoning, decision making, and[/or] communication skills		1:1; 2-hr = 2 contact hrs	
Exam – Nationally Normed/Standardized, Subject	Standardized written exam administered to assess learner’s achievement of nationally established educational expectations for various levels of training and/or specialized subject area(s)		1:1; 2-hr = 2 contact hrs	
Exam – Licensure, Written/Computer-based	Standardized written examination administered to assess learners’ factual knowledge retention		1:1; 2-hr = 2 contact hrs	
*GRAND TOTAL				

Were all course components delivered equally across all three sites? If not, please explain.

Course Content (to be completed by the Instructor of Record)

Please list all new content/activities incorporated into this course this year and indicate the reason for this (these) addition(s).

Please list all content/activities eliminated from this course this year and indicate the reason for this (these) deletion(s).

Part C: Student Feedback

Provide summary statistics for the following Likert-scale questions from the End of Course Evaluation Survey (to be completed by Lead CA):

The assessments/examinations were aligned with stated course goals and session/activity learning objectives.

Year	Site	Number of Responses	N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean
This Year	ALL								
Last Year	ALL								
Two Years	ALL								

The course schedule provided sufficient time for me to prepare for scheduled events (e.g., sufficient time to review material prior to flipped or case discussions or to complete self-study modules, etc.).

Year	Site	Number of Responses	N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean
This Year	ALL								
Last Year	ALL								
Two Years	ALL								

The course provided opportunities for me to apply course content to realistic clinical and clinical research scenarios (e.g., patient panels/interviews, case discussions, board-style assessment questions).

Year	Site	Number of Responses	N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean
This Year	ALL								
Last Year	ALL								
Two Years	ALL								

The course provided opportunities for me to receive useful feedback on my learning prior to major exams/assessments (i.e., formative feedback - practice quizzes or skills assessments with explanations, problem sets/homework with explanations, etc.).

Year	Site	Number of Responses	N/A	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean
This Year	ALL								
Last Year	ALL								
Two Years	ALL								

Provide a summary of positive and negative themes of student feedback received about the course (to be completed by the Course Coordinator/Instructor of Record).

Positive Student Feedback	Negative Student Feedback

Please use this space for additional comments on student feedback.

Course Review Summary

Last updated: 02.01.20 mam

Course Number & Title	
Course Coordinator(s)	
Semester Reviewed	
CCC Reviewer	

PART A: (To be completed prior to communicating with Course Coordinator)

1. Student Performance

Review the student performance data section of the completed Course Review Report and indicate which of the following statements best describes the data reported:

Student Performance
<input type="checkbox"/> A. Student performance this year not significantly different from previous years
<input type="checkbox"/> B. Student performance significantly improved from previous years
<input type="checkbox"/> C. Student performance significantly diminished from previous years with explanation
<input type="checkbox"/> D. Student performance significantly diminished from previous years without explanation

Use this space to comment on the student performance statistics for this course. If Option “D” was selected above, confer with the Course Coordinator regarding potential explanations and summarize the results of this discussion in Part B below.

2. Course Contact Hours & Scheduled Activities

Compare the number of total contact hours reported for this course with the table below and determine if the number of scheduled/assigned student contact and activities fall within the range of the credit hour allocation of the course. If a significant discrepancy exists, consult with the Course Coordinator for an explanation of this discrepancy and summarize the results of this discussion in Part B below.

Credit Hours	Contact Hour Range	Credit Hours	Contact Hour Range
1	14-27	6	84-97
2	28-41	7	98-111
3	42-55	8	112-125
4	56-69	9	126-139
5	70-83	10	140-153

3. Faculty Development Needs

In this space cut and paste from the completed Course Review Report (Part B – Course Resources) the recommended faculty development topics reported by the Course Coordinator.

4. Course Content Changes

In this space cut and paste from the completed Course Review Report (Part B – Course Resources) the changes to course content (additions and deletions) reported by the Course Coordinator.

5. New or Ongoing Challenges and Resource Needs

Review the Future Course Improvements section of the completed Course Review Report and identify any challenges or problems that require college administrative or financial assistance to resolve (e.g., faculty availability, facilities issues, resource purchases/site licenses, etc.).

6. Student Feedback

Review the summary statistics for the Likert-scale questions and prepare to discuss with the Course Coordinator potential explanations for the following findings: 1) a significant increase or decrease in the mean values of the responses to any of the Likert-scale questions from previous years, and 2) mean values of the responses to Likert-scale questions that are below 4.0 for this iteration of the course. Use this space to identify the questions to address with the Course Coordinator based upon your review of this section of the Course Review Report.

PART B: (To be completed during or following communication with Course Coordinator)

1. Clarification of Data Reported in Course Review Report

Use this space to elaborate on any questions regarding student performance, course contact hours, or student feedback that were identified in Part A of this Course Review Summary.

2. Highlights/Successes/Course Coordinator Feedback

Use this space to share any additional information or feedback from the Course Coordinator.

CCC member, upon completion, please forward this form to COM.osteomedAP@msu.edu

MSUCOM Pre-clerkship Course Improvement Plan

Course Coordinator	
Course Name/Number	
Semester	

PART 1: PLANNING

Complete this section and return to the Curriculum Committee by (DATE)

ISSUE: Describe the issue you identified for improvement in your course review form.	
INTERVENTION: Describe the steps you intend to take to improve the issue.	
IMPACT: Describe the desired outcome. Include how you will evaluate the outcome.	

PART 2: PROGRESS REPORT

Complete this section and return to the Curriculum Committee by (DATE)

ACTIONS/WORK

COMPLETED:

Describe the work/actions completed thus far or provide an estimate of the percentage of work completed.

ACTIONS/WORK

REMAINING:

Describe the work/actions currently in progress or that remain to be completed.

PROBLEMS OR ROADBLOCKS ENCOUNTERED:

Describe what, if any, problems or unexpected things have arisen and the predicted impact of each on the completion or outcomes of the project.

INTERIM CHANGES TO APPROVED PLAN:

Describe any significant changes made to the approved Pre-Clerkship Course Improvement Plan

PART 3: OUTCOMES – FINAL REPORT

Complete this section and return to the Curriculum Committee by (DATE)

ACTIONS:

Describe the specific steps you took to improve the identified issue.

(Highlight in bold text any actions/tasks added to the project subsequent to submission of the 1-yr Progress Report)

ASSESSMENT:

Describe how you assessed results from your actions.

FURTHER ACTIONS:

Describe what, if any, further actions are needed to continue improvement and sustain results.

MSUCOM Instructional Design Audit Lite

Course Name/Number:	Semester:
Course Coordinator(s):	

The MSUCOM Instructional Design Audit Lite is informed by standards from the Quality Matters Higher Education Rubric, 6th Edition, as customized for program and accreditation needs. Learn more about QM efforts at MSU and beyond at <https://tech.msu.edu/quality-matters/>.

QM Domain	Specific Review Standards	Present
Goals & Objectives	The syllabus contains course goals , sourced from the existing course description.	Yes/No
	The syllabus contains course objectives , sourced from and tagged to program objectives: https://bit.ly/msucommapping . These should be measurable, suited to the level and sequencing of the course, and written from the learner's perspective.	Yes/No
	The course materials contain learning event objectives , sourced from the course objectives. These should be measurable, specific to functional outcomes, suited to the level and sequencing of the event, and written from the learner's perspective.	Yes/No
	The course curriculum map contains instructional and assessment methods for each learning event, sourced from AAMC/Medbiqitous: https://medbiq.org/curriculum/vocabularies.pdf . For tagged instructional methods, the primary method should be indicated. For tagged assessment methods, formative (practice/low points) or summative (evaluation/substantial points) should be indicated.	Yes/No
Notes:		

QM Domain	Specific Review Standards	Present
Assessment & Measurement	The assessments align with and measure achievement of objectives , as indicated by the tagging of individual items and criteria back to course objectives and/or learning event objectives.	Yes/No
	The course provides formative assessment opportunities (low or no point value) to track learning progress with timely feedback prior to summative assessments. Examples: self-practice questions within course materials, content-oriented crowd polling activities, quizzes, skills practice, etc.	Yes/No
	Assessment performance analytics are considered in concert with best practice guidelines to refine the validity and rigor of assessment items and instruments and to inform student success.	Yes/No
Notes:		

QM Domain	Specific Review Standards	Present
Course Resources, Technologies, & Accessibility	The D2L space makes use of standardized templates provided by MSUCOM to facilitate ease of use, navigation, and organization.	Yes/No
	The course materials (course pack, slide sets, documents, etc.) make use of standardized templates provided by MSUCOM to facilitate accessibility, ease of use, navigation, and organization.	Yes/No
	The accessibility of course materials is projected at 80% or above by the D2L Spartan Ally report.	Yes/No
	The course provides captioning or alternative means of multimedia access in formats that meet the needs of diverse learners (descriptions, PDFs, etc.).	Yes/No
	The course curriculum map contains relevant resource types for each learning event, sourced from AAMC/Medbiquitous: https://medbiq.org/curriculum/vocabularies.pdf .	
Notes:		

Summary of Opportunities:



College of Osteopathic Medicine
MICHIGAN STATE UNIVERSITY

Clerkship Course Review Form

Course Review- Course Review Date- Clerkship Course Review Form Due Date:	
Course Staff	Department Chair: Clerkship Course Instructor of Record: Course Assistant (Dept):
Review Team Lead	Director of Clerkship: Susan Enright, DO
Review Team	Curriculum Committee Member: Clerkship Assistant (AP): Eric Dunckel Student Representative:

Instructions:

Clerkship Course Instructor of Record will complete this form by the date provided above to allow sufficient time for delivery and review by the Review Team. Please enter comments by typing directly onto this form. Please also submit the most up to date course syllabus with this document which includes the date when last reviewed/updated.

Course Goals/Objectives

Please list all course objectives below.
--

NBOME Blueprint Content

Please indicate any course objectives that address NBOME blueprint items for COMLEX Level 2 CE or PE by underlining them on the list above.

Course Planning

Please describe the method used for updating objectives/syllabus, including faculty members involved:

Please indicate how course planning encouraged participation and engagement of community faculty at SCS base hospital sites:

- Course related survey
- Course evaluation input
- Informal feedback (such as emailed comments)
- Other (please list):
- None of the above

Describe how course planning encouraged participation and engagement of MSU COM students.

- Course related survey
- Student focus group feedback
- Course evaluation input
- Informal feedback (such as emailed comments)
- Other (please list):
- None of the above

Course Content

Please explain how your course addresses the following:

Subject	How Addressed by Course
Osteopathic Philosophy, Principles & Practices:	
Critical Thinking: Describe how the course encourages the development of critical-thinking skills; Are students assessed in these skills? If so, how?	
Diversity, including <ul style="list-style-type: none"> ▪ Cultural intelligence (ethnicity, religious, LGBT, etc.) ▪ Socioeconomic determinants of health (access to care, financial stability, geography, etc.) ▪ Biological determinants of health and disease (genetics, biochemistry, physiology, etc.) 	
Evidence Based Medicine: Explain how students are engaged in EBM in this course	
Development of professional behaviors and skills (communication skills, ethics, self-regulatory behavior, etc.).	

Core Entrustable Activities measured in this course (please list any that are addressed)	
--	--

Course Requirements

List all course requirements contributing to course grade:
--

Clinical Experience (from Student Experience Logs)

Were students able to obtain the expected clinical experiences across all clinical sites?

Yes

No

If "No," please describe any noted trends regarding student's inability to gain clinical experiences while on rotation. Be specific as to base hospital location where such challenges have been noted.

Procedures/Clinical Skills (if applicable)

Were students able to complete required procedures/clinical skills across all clinical sites?

Yes

No

If "No," please describe any noted trends regarding student's inability to complete required procedures or skills while on rotation. Be specific as to base hospital location where such challenges have been noted.
--

COMAT Exam Testing (or equivalent)

Please indicate all preparatory material provided during course:

Syllabus

Course didactics

Practice questions

Course based quiz

Assigned readings

Other (please describe):

Please fill in the tables below as indicated.

Course Passing Grade Requirement for COMAT	National Average for this COMAT Exam	MSUCOM Average for this COMAT Exam

Base Hospitals with Students that Scored at or Above the National Average for this COMAT Exam	Base Hospitals with Students that Scored Below the National Average for this COMAT Exam
<input type="checkbox"/> Hospital A <input type="checkbox"/> Hospital B <input type="checkbox"/> Hospital C <input type="checkbox"/> Hospital D Etc...	<input type="checkbox"/> Hospital A <input type="checkbox"/> Hospital B <input type="checkbox"/> Hospital C <input type="checkbox"/> Hospital D Etc...

	This Academic Year	Prior Academic Year
% students passing on first attempt		
% students passing remediation exam		

N Grades

	This Academic Year	Prior Academic Year
# of N grades as result of failing COMAT or equivalent		
# of N grades as a result of failing attending evaluation		
# of N grades for other reasons (describe reasons below)		

Evaluation of Rotations

Overall evaluation:
Evaluation per base hospital site:
Common student comments per base hospital site:

--

Summary

Highlights/Successes:
Previous challenges successfully resolved:
New or ongoing challenges in need of resolution, including resource needs (Note: each specified area should be addressed in the Improvement Plan below.)

Improvement Plan:

Status Legend: A = Active

P = Pending

C = Complete

On Target

Behind Target (0-2 weeks overdue)

Over Target (2 + weeks overdue)

#	Task Name/Description	Responsible Party	Status	Target Completion Date	Actual Completion Date	Notes
1.						
2.						
3.						

**Improvement plan updates to be submitted quarterly to the CCC.

Clerkship Course Review Process

(updated: 3/7/18 sbh)

What:

This document details the process required for the review of each course in the clerkship curriculum of the MSU College of Osteopathic Medicine. It is expected that all individuals participate fully in the process and fulfill the responsibilities of their role. Any individuals not able to fulfill the responsibilities of their role should contact the Director of Clerkship.

Who:

Lists all individuals involved in the process and their respective responsibilities. ***NOTE: If you are unable to fulfill an assignment or attend a meeting, please notify the Clerkship Assistant: Eric Dunckel <mailto:dunckele@msu.edu>, who will be responsible for identifying a replacement.***

Role	Responsibilities
Clerkship Course Instructor of Record	<ol style="list-style-type: none"> 1. Review the Course Evaluations, Course Syllabus and “View a Course” page provided by the Course Assistant. 2. Complete the Clerkship Course Review Form and forward it, along with the supporting documents (Course Evaluations and Course Syllabus) to the Clerkship Assistant two weeks prior to the review date 3. Attend and participate during the course review meeting 4. After completion of the course review meeting, email a final copy of the Course Review Form and supporting documents to Clerkship Director (Susan Enright, DO enright4@msu.edu) and the Clerkship Assistant Mr. Eric Dunckel at dunckele@msu.edu 5. Attend the Curriculum Committee meeting where the course review is presented
Director of Clerkship	<ol style="list-style-type: none"> 1. Review the documents sent by the Clerkship Course Instructor of Record and confirm completion of all questions 2. Recruit a student representative from the base hospital liaison pool to attend the course review meeting 3. Attend and lead the course review meeting 4. Determine whether recent and/or planned changes to course require a change to its “View a Course” description on the Registrar’s website (see “Special Instructions to CCC Members” document) 5. Attend the Curriculum Committee meeting where the course review is presented
Department Chair	<ol style="list-style-type: none"> 1. Review course review documents 2. Attend the course review meeting, if possible 3. Attend the Curriculum Committee meeting where the course review is presented, if schedule permits
Curriculum Committee Member	<ol style="list-style-type: none"> 1. Review course review documents prior to meeting 2. Attend the course review meeting and give input as appropriate 3. Present the course review at the Curriculum Committee meeting
Clerkship Assistant (AP) Eric Dunckel dunckele@msu.edu	<ol style="list-style-type: none"> 1. Schedule the course review meeting per the clerkship course review schedule and send calendar invitations to all individuals involved 2. Upon receipt from the Clerkship Course Instructor of Record, email the completed Course Review form, Course Evaluations, and Course Syllabus to the review team by the date provided on the course review form 3. Email the “View a Course” document to the Director of Clerkship. 4. Review the Course Review form and supporting documents prior to the meeting 5. Attend the course review meeting, give input as appropriate 6. Send the course review form and changes needed to the “view a course” to the Curriculum Committee support person (Sherri Balmer-Hagerman, balmer@msu.edu) 7. Archive the final course review documents when finalized
Course Assistant (Dept)	<ol style="list-style-type: none"> 1. Provide data and statistics to Instructor of Record for completion of the Clerkship Course Review Form

	2. Review the Course Review Form and supporting documents prior to the meeting 3. Attend the course review meeting, give input as appropriate
Student Representative	1. Review the Course Review Form and supporting documents prior to the meeting 2. Attend the course review meeting, give input as appropriate

When:

The general timeline for the process is listed below. Individuals are expected to adhere to the timeframe as closely as possible, allowing for scheduling needs of all participants. See the attached Clerkship Course Review Schedule document for detailed target dates for review meetings and the scheduled date for presentation of the summary report to the College Curriculum Committee.

Timeline:

Step #	Description	When	Who
1	Schedule the course review meeting, as indicated on the Clerkship Course Review Schedule	Prior to or mid-way through the start of the course	Clerkship Assistant
2	Begin completing Clerkship Course Review Form	Immediately upon submission of grades	Instructor of Record/Department
3	Hold Course Review Meeting	As indicated on the Clerkship Course Review Schedule	Clerkship Course Review Team
4	Send all final documents to Curriculum Committee support person for CCC review	At least 1 week in advance of the CCC meeting date	Clerkship Assistant: Eric Dunckel at dunckele@msu.edu
5	Present Course Review on its scheduled date on the Curriculum Committee Meeting Calendar	As indicated on the Curriculum Committee calendar	Curriculum Committee Member

Attending Evaluation of Clerkship Student

Return completed form to MSUCOM Clerkship Education via email at com.clerkship@msu.edu.

Student Name: _____

Rotation Site: _____

Rotation: _____

Rotation Date: _____

Please select one: *(Question 1 of 16 - Mandatory)*

- This evaluation is based on my own observations
- This evaluation is a summary based on the observations of faculty and/or residents

Be sure to consider the student's level of education when evaluating their performance.
 This evaluation is to help the student understand where they are performing well or may need improvement.

Every effort should be made to review evaluations with the student during the last week of rotation.

Please select a rating category that best represents their performance.

Medical Student Performance Evaluation (MSPE)

The MSPE is an evaluation, NOT a recommendation. This section is optional.

A summary of the student's positive and negative characteristics should be outlined in this letter. All comments included in the Clinical & Professional Characteristics will be put into the student's MSPE verbatim.

(Question 2 of 16)

	Type Comments Here	
Clinical Characteristics		<div style="border: 1px solid gray; padding: 2px;">▲</div> <div style="border: 1px solid gray; padding: 2px; margin-bottom: 2px;"> </div> <div style="border: 1px solid gray; padding: 2px;">▼</div>
Professional Characteristics		<div style="border: 1px solid gray; padding: 2px;">▲</div> <div style="border: 1px solid gray; padding: 2px; margin-bottom: 2px;"> </div> <div style="border: 1px solid gray; padding: 2px;">▼</div>

Formative Feedback

Provide recommendations for further learning and improvement.
These comments will NOT be included in the student's MSPE.

(Question 3 of 16)

	Type Comments Here	
Areas of Strength		
Areas Needing Improvement		

(Question 4 of 16 - Mandatory)

	Below Expectations	Meets Expectations	Exceeds Expectations	Top 10% of students I've trained	No basis for opinion
	Rarely adheres to aspects of the osteopathic tenets. Patient management plan lacks appropriate osteopathic treatment (OMT).	Appropriately includes osteopathic treatment (OMT) in patient management plans. Adheres to all aspects of the osteopathic tenets.	Consistently integrates appropriate osteopathic treatment (OMT) in patient management plan. Always adheres to all aspects of the osteopathic tenets.		
Osteopathic Principles and Practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(Question 5 of 16 - Mandatory)

	Below Expectations	Meets Expectations	Exceeds Expectations	Top 10% of students I've trained	No basis for opinion
	Base appears meager. Most areas need improvement. Struggles to apply basic information in clinical context. Applies knowledge sporadically in clinical situations.	Base seems adequate. Generally applies knowledge appropriately in simple clinical problems.	Base exceeds expectations. Consistent, quick, complete, accurate recall and application to clinical problems.		
Medical Knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(Question 6 of 16 - Mandatory)

	Below Expectations	Meets Expectations	Exceeds Expectations	Top 10% of students I've trained	No basis for opinion
	Often obtains incomplete and/or inaccurate history. Difficulty with organization.	Obtains thorough history. Does not always pursue other sources when indicated. Occasional important omissions. Generally well organized.	Consistently obtains comprehensive history. Uses sources other than patient to supplement history when indicated. Organizes data well.		
Patient Care History-Taking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(Question 7 of 16 - Mandatory)

	Below Expectations	Meets Expectations	Exceeds Expectations	Top 10% of students I've trained	No basis for opinion
	Usually minor and sometimes major deficiencies in technical quality and thoroughness.	Usually performs precise & complete examination. Occasional minor deficiencies.	Almost always performs technically accurate and complete examinations.		
Patient Care Physical Examination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(Question 8 of 16 - Mandatory)

	Below Expectations	Meets Expectations	Exceeds Expectations	Top 10% of students I've trained	No basis for opinion
	Case reports unorganized. Unable to synthesize information accurately. Treatment plans with significant omissions or inaccurate. Progress notes uninformative.	Case reports usually accurate/organized. Able to synthesize most information accurately. Treatment plans mostly complete and accurate. Progress notes orderly and informative. Uses charting format correctly.	Case reports complete and concise. Exceptional ability to synthesize information. Treatment plans always accurate and appropriate. Progress notes reflect clear understanding of problems & relationships.		
Patient Care Clinical Problem Solving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(Question 9 of 16 - Mandatory)

	Below Expectations	Meets Expectations	Exceeds Expectations	Top 10% of students I've trained	No basis for opinion
	Minimal interest demonstrated in health maintenance & promotion.	Aware of importance of health maintenance & promotion. Incorporates some of these aspects into patient assessment and management.	Very sensitive to health maintenance and promotion. Skillfully includes all aspects in patient assessment and management.		
Patient Care Health Maintenance and Promotion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(Question 10 of 16 - Mandatory)

	Below Expectations	Meets Expectations	Exceeds Expectations	Top 10% of students I've trained	No basis for opinion
	Is unable to perform tasks associated with the area of specialty. Psychomotor skills are below his/her level of training.	Is competent in performing tasks associated with the area of specialty. Performs psychomotor skills appropriate for his/her level of training.	Is exceptional in performing tasks associated with the area of specialty. Performs psychomotor skills above his/her level of training.		
Patient Care Essential Clinical Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(Question 11 of 16 - Mandatory)

	Below Expectations	Meets Expectations	Exceeds Expectations	Top 10% of students I've trained	No basis for opinion
	Makes little or no use of reference material. Lacks understanding of basic statistical concepts to interpret scientific literature. Often unprepared. Consults references when instructed Struggles to complete tasks or incorporate feedback. Does not ask for help when needed.	Demonstrates a commitment to learning. Is responsive to feedback. Successfully completes assigned tasks and reading assignments. Utilizes references and evidence-based principles independently when necessary.	Demonstrates skills necessary to support independent life-long learning & professional development. Responsive to feedback. Recognizes limitations & calls for assistance as needed. Uses references and evidence-based principles effectively.		
Practice-Based Learning and Improvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(Question 12 of 16 - Mandatory)

	Below Expectations	Meets Expectations	Exceeds Expectations	Top 10% of students I've trained	No basis for opinion
	Makes little or no effort to learn about the health care system. Does not assist patients with understanding the various aspects of the system and how they will provide care.	Demonstrates knowledge of a health care system. Recognizes the role and functions of the health care team in providing holistic patient care, and assists patients in dealing with system complexities.	Excels at explaining to the patient how the health care team will work together to deliver care. Demonstrates knowledge of the physician's role in supporting effective transitions across care settings and providers.		
System-Based Practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(Question 13 of 16 - Mandatory)

	Below Expectations	Meets Expectations	Exceeds Expectations	Top 10% of students I've trained	No basis for opinion
	Abrupt or condescending with patients. Does not listen. Shows little concern for patient welfare. Arrogant, abrasive. Shows considerable discomfort and apprehension relating to patients.	Usually calm. Some confidence in relating to patients. Uses appropriate language, listens, hears what patient says. Courteous, concerned for patient welfare.	Calm, courteous, self-assured approach to patients. Excellent listening skills, adjusts language to patients. Consistently aware and concerned for patient welfare.		
Interpersonal Skills and Communication Student/Patient Interaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Professionalism

Students are expected to consistently demonstrate all of the following professional qualities.

(Question 14 of 16 - Mandatory)

Students are expected to consistently demonstrate all of the following professional qualities.	Below Expectations (Requires detailed comments)	Meets Expectations
<ul style="list-style-type: none"> • On time for all activities of the rotation • Present and prepared for all activities of the rotation (exception-excused absences) • Respectful and courteous to patients, staff, peers, attendings • A great team player (helpful, reliable, proactive) • Accepting to feedback and made necessary changes as result of the feedback • Engaged in his/her learning • Honest and trustworthy • Aware of his/her limitations, appropriately seeking assistance when needed • A good patient advocate • Outstanding work ethic 	<input type="radio"/>	<input type="radio"/>

Comment on professionalism issues - please include details including comments on above areas where student was below expectations. (Question 15 of 16)

Please check the box if you wish to be contacted about concerns with this student not identified in the evaluation rating above. Confidential - Student unable to view. You will be contacted via email by MSUCOM or feel free to send an email to com.clerkship@msu.edu. (Question 16 of 16, Confidential)

If you are satisfied with this evaluation, complete the fields below.

Printed Name (Evaluator): _____

Signature (Evaluator): _____

Email Address (Evaluator): _____

Date: _____

Return completed form to MSUCOM Clerkship Education via email at com.clerkship@msu.edu.